		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0018580

Facility Name: Selfhelp Home of Chicago

Address: 908 W. Argyle Road (Number) Chicago (City) 60640 (Zip Code)

County: Cook

Telephone Number: (773)271-0300 **Fax #** (773)271-0633

IDPA ID Number: 362521053001

Date of Initial License for Current Owners: 01/01/57

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	X	Charitable Corp.		Individual		State	
		Trust		Partnership		County	
IRS Exemption Code	501(C)(3)			Corporation		Other	
				"Sub-S" Corp.			
				Limited Liability Co.			
				Trust			
				Other			

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/01/2002 to 09/30/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	
	(Title)	
Paid Preparer	(Signed)	SEE ACCOUNTANTS' COMPILATION REPORT (Date)
	(Print Name and Title)	
	(Firm Name & Address)	Altschuler, Melvoin and Glasser LLP One South Wacker Drive, Suite 800, Chicago, IL 60606
	(Telephone)	(312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	30	Skilled (SNF)	30	10,950	1
2		Skilled Pediatric (SNF/PED)			2
3	35	Intermediate (ICF)	35	12,775	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	65	TOTALS	65	23,725	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,751	5,126	2,121	9,998	8
9	SNF/PED					9
10	ICF	2,187	9,801		11,988	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,938	14,927	2,121	21,986	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.67%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 01/01/57

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date N/A NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 9 and days of care provided 2,121

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 09/30/2003 Fiscal Year: 09/30/2003

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	249,249		10,162	259,411		259,411		259,411			1
2	Food Purchase		228,574		228,574		228,574	(3,424)	225,150			2
3	Housekeeping	103,336	28,709		132,045		132,045		132,045			3
4	Laundry		29,510		29,510		29,510		29,510			4
5	Heat and Other Utilities			77,607	77,607		77,607		77,607			5
6	Maintenance	67,194		50,815	118,009		118,009	57,034	175,043			6
7	Other (specify):*											7
8	**TOTAL General Services**	419,779	286,793	138,584	845,156		845,156	53,610	898,766			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,348,375	119,864	2,240	1,470,479		1,470,479		1,470,479			10
10a	Therapy			87,803	87,803		87,803		87,803			10a
11	Activities	93,684	17,349	1,985	113,018		113,018		113,018			11
12	Social Services			1,430	1,430		1,430		1,430			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,442,059	137,213	93,458	1,672,730		1,672,730		1,672,730			16
	C. General Administration											
17	Administrative	84,159			84,159		84,159		84,159			17
18	Directors Fees											18
19	Professional Services			37,410	37,410		37,410		37,410			19
20	Dues, Fees, Subscriptions & Promotions			7,053	7,053		7,053	300	7,353			20
21	Clerical & General Office Expenses	171,875	5,462	39,991	217,328		217,328	(15,732)	201,596			21
22	Employee Benefits & Payroll Taxes			321,686	321,686		321,686		321,686			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,605	1,605		1,605		1,605			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice											26
27	Other (specify):*											27
28	**TOTAL General Administration**	256,034	5,462	407,745	669,241		669,241	(15,432)	653,809			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,117,872	429,468	639,787	3,187,127		3,187,127	38,178	3,225,305			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

**** See schedule of adjustments attached at end of cost report.**

Facility Name & ID Number Selfhelp Home of Chicago #0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

V. COST CENTER EXPENSES (continued)

		Cost Per General Ledger				Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF USE ONLY		
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7**	8	9	10	
30	Depreciation			80,275	80,275		80,275	34,376	114,651			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			701	701		701	(701)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			54,180	54,180		54,180	(54,180)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			135,156	135,156		135,156	(20,505)	114,651			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		87,954	6,182	94,136		94,136		94,136			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		74		74		74		74			41
42	Provider Participation Fee			35,587	35,587		35,587		35,587			42
43	Other (specify):* **Nonallowable Costs**	6,607		46,709	53,316		53,316	(53,316)				43
44	**TOTAL Special Cost Centers**	6,607	88,028	88,478	183,113		183,113	(53,316)	129,797			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,124,479	517,496	863,421	3,505,396		3,505,396	(35,643)	3,469,753			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,424)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(72,434)	30		9
10	Interest and Other Investment Income	(701)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(27,180)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Schedule 5A	(41,568)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (145,307)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	109,664		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 109,664		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (35,643)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Selfhelp of Chicago, Inc. d/b/a The Selfhelp Home, Inc.
PROVIDER # 0018580
September 30, 2003

Schedule 5A

VI. ADJUSTMENT DETAIL
NON-ALLOWABLE EXPENSES
LINE 29 - Other

Description	Amount	Schedule V Reference
Disallow Outreach Program	(118)	43
Disallow Gift Shop Purchases	(6,468)	43
Disallow Marketing Salaries	(6,607)	43
Disallow Support Collateral	(305)	43
Disallow Part A Lab	(9,503)	43
Disallow Part A X-ray	(2,948)	43
Disallow Web Site	(187)	43
Miscellaneous Income Offset	(15,432)	21
Total	**(41,568)**	

See Accountants' Compilation Report

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
				The Selfhelp Home Inc.-Center Division	Chicago	Lessor

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	6	Maintenance	$	The Selfhelp Home, Inc.-Center Division	0%	$ 57,034	$ 57,034	1
2	V	30	Depreciation		The Selfhelp Home, Inc.-Center Division	0%	106,810	106,810	2
3	V	34	Rent	54,180	The Selfhelp Home, Inc.-Center Division	0%		(54,180)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 54,180			$ 163,844	$ * 109,664	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3	See Attached Schedule 7A										3
4											4
5			No compensation or fees were paid to the Board of Directors								5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Selfhelp of Chicago, Inc. d/b/a The Selfhelp Home, Inc.
PROVIDER # 0018580
September 30, 2003

Schedule 7A

Name	Title	Function
Herbert Roth	President	Board Member
Rolf Weil	Imm. Past President	Board Member
Gerald Franks	First Vice-President	Board Member
Bernard Baum	Vice President	Board Member
M. Jay Heilbrunn	Vice President	Board Member
Austin Hirsch	Vice President	Board Member
Leni Weil	Treasurer	Board Member
Steven Loewenthal	Assistant Treasurer	Board Member
Henry Straus	Secretary	Board Member
Jack Bierig	Director	Board Member
Richard Eggener	Director	Board Member
Hanna Goldschmidt	Director	Board Member
Richard Greenthal	Director	Board Member
Robert Hoffmann	Director	Board Member
Suzanne Kach	Director	Board Member
Kurt B. Karmin	Director	Board Member
Martha Loewenthal	Director	Board Member
Margot Meyer	Director	Board Member
Stephen Nechtow	Director	Board Member
Barbara Passman	Director	Board Member
Michael Ries	Director	Board Member
George Rosenbaum	Director	Board Member
Marianne Weinberg	Director	Board Member
Daniel Wolf	Director	Board Member
Judith Wolf	Director	Board Member

See Accountants' Compilation Report

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 9/30/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14					N/A					14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10								Miscellaneous interest expense			701	10
11								Interest income offset			(701)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		$ N/A	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
1998			8
1999			9
2000	N/A		10
2001			11
2002			12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Selfhelp Home of Chicago COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0018580

CONTACT PERSON REGARDING THIS REPORT Mr. Marvin Rubin

TELEPHONE (773)271-0300 FAX #: (773)271-0633

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.		N/A	$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 73,944 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

The Selfhelp Home, Inc.; retirement facility; 94 apartments; square footage of 80, 832

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	70,000	1970	$ 191,769	1
2					2
3	TOTALS	70,000		$ 191,769	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	65		1974	1974	$ 822,760	$	50	$ 16,455	$ 16,455	$ 468,973	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Security System			1980	786		15			786	9
10	Security System			1981	29,527		15			29,527	10
11	Building Improvements			1981	808		20			808	11
12	Building Improvements			1982	2,642		15			2,642	12
13	Building Improvements			1983	2,717		10			2,717	13
14	Building Improvements			1986	1,212		10			1,212	14
15	Building Improvements			1987	3,000		10			3,000	15
16	Building Improvements			1988	6,752		10			6,752	16
17	Building Improvements			1989	30,538		10			30,538	17
18	Building Improvement			1990	10,425		10			10,425	18
19	Building Improvements			1991	9,690		10			9,690	19
20	Building Improvements			1992	22,014		10			22,014	20
21	Building Improvements			1992	932		7			932	21
22	Building Improvements			1993	14,166		10	1,040	1,040	14,166	22
23	Building Improvements			1993	183		7			183	23
24	Building Improvements			1994	27,620		10	2,762	2,762	26,239	24
25	Building Improvements			1994	3,836		5			3,836	25
26	Building Improvements			1994	5,148		7			5,148	26
27	Building Improvements			1995	18,411		10	1,841	1,841	15,649	27
28	Building Improvements			1995	363		7			363	28
29	Building Improvements			1995	176,882	8,844	20	8,844		75,174	29
30	Building Improvements			1995	15,209		5			15,209	30
31	Building Improvements			1994	33,000		5			33,000	31
32	Fence			1996	6,704	202	20	335	133	2,352	32
33	Decorating			1996	5,905	136	20	295	159	1,765	33
34	Blacktop Resurfacing			1996	1,646	50	20	82	32	574	34
35	Security Camera			1996	895	26	20	45	19	309	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Boiler repairs	1996	$ 5,914	$ 158	20	$ 296	$ 138	$ 2,072	37
38	Emergency call system	1996	14,557	58	20	728	670	5,096	38
39	Cabinets & vanities	1997	2,938	34	20	147	113	1,011	39
40	Fire Alarms	1997	12,818	486	20	641	155	4,244	40
41	Elevator Improvements	1997	6,171	98	20	309	211	1,805	41
42	Ceiling	1997	563		20	28	28	196	42
43	Tubing and piping	1997	1,667	19	20	83	64	572	43
44	Faucets	1997	999		20	50	50	350	44
45	Flooring	1997	2,152	80	20	108	28	716	45
46	Air Conditioning	1997	1,505		20	75	75	525	46
47	Doors	1997	7,523	214	20	376	162	2,525	47
48	Cement Work	1997	1,275	32	20	64	32	432	48
49	Windows	1997	51,709		20	2,585	2,585	18,095	49
50	Outdoor Sprinklers	1997	2,573	64	20	129	65	870	50
51	Bathtub & Toilet	1997	605		20	30	30	210	51
52	Tuckpointing	1997	4,583		20	229	229	1,603	52
53	Blinds	1997	1,255	63	20	63		409	53
54	Boiler	1997	1,097		20	55	55	385	54
55	Office Refurbishing	1997	908	33	20	45	12	299	55
56	Compressor and Base Board	1997	680		20	34	34	238	56
57	Fire Alarms	1998	20,992	524	20	1,050	526	6,037	57
58	Sound System	1998	862		20	43	43	638	58
59	Architect	1998	43,360	2,112	20	2,168	56	11,951	59
60	Windows	1998	4,588		20	229	229	1,374	60
61	Lights	1998	1,517		20	76	76	456	61
62	Kitchen Sink	1998	1,230	62	20	62	(1)	341	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,447,812	$ 13,295		$ 41,401	$ 28,106	$ 846,433	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,447,812	$ 13,295		$ 41,401	$ 28,106	$ 846,433	1
2	Doors & Locks	1998	685		20	34	34	204	2
3	Audio/Visual System	1998	10,578	264	20	529	265	3,042	3
4	Wall/Windows	1998	2,222	62	20	111	49	635	4
5	Cabinets & Vanities	1998	1,300		20	65	65	390	5
6	Electrical Work	1998	11,441	284	20	572	288	3,290	6
7	Heating & Cooling	1998	9,470	236	20	474	238	2,725	7
8	Roof	1998	8,333		20	417	417	2,502	8
9	Floor Coverings	1998	3,067		20	153	153	918	9
10	Computer Wiring	1998	6,242	312	20	312		1,716	10
11	Handrails & Grab Bars	1998	6,020	301	20	301		1,656	11
12	Lights	1999	1,217		20	60	60	270	12
13	Floor Coverings	1999	4,564		20	228	228	1,026	13
14	Heating & Cooling	1999	1,373		20	68	68	306	14
15	Elevator	1999	37,272	194	20	1,864	1,670	8,388	15
16	Cabinets	1999	2,251		20	112	112	504	16
17	Wall	1999	2,790		20	140	140	630	17
18	Fire Alarm	1999	14,911	658	20	746	88	3,357	18
19	Roof	1999	35,283	160	20	1,597	1,437	7,437	19
20	Call/Paging System	1999	5,142	164	20	258	94	1,161	20
21	Pipes & Faucet	1999	865		20	44	44	198	21
22	Room Conversion	1999	3,169		20	158	158	711	22
23	Fire Ducts	1999	35,113	1,756	20	1,756		7,902	23
24	Security System	1999	13,503	676	20	676		3,042	24
25	Electrical Wiring	1999	20,805	1,040	20	1,040		4,680	25
26	Architect	1999	540	28	20	28		126	26
27	Blinds	2000	1,050		20	53	53	212	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,687,018	$ 19,430		$ 53,196	$ 33,766	$ 903,461	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,687,018	$ 19,430		$ 53,196	$ 33,766	$ 903,461	1
2	Cabinets	2000	3,135	23	20	134	111	536	2
3	Lobby Renovation	2000	3,397		20	170	170	680	3
4	Dining Room Renovation	2000	7,818	38	20	353	315	1,412	4
5	Washroom Renovation	2000	1,039		20	52	52	208	5
6	Light Fixtures	1999	893		20	45	45	180	6
7	Room Conversion	2000	673		20	34	34	136	7
8	Closet/Coat Room	2000	205		20	10	10	40	8
9	Doors	2000	1,568	5	20	73	68	292	9
10	Tiles	1999	140		20	7	7	28	10
11	Air Conditioner	2000	90		20	4	4	16	11
12	Resident Call System	2000	14,103	394	20	394		1,576	12
13	Heating & Cooling	2000	838		20	42	42	168	13
14	Ceiling Fan	1999	287		20	14	14	56	14
15	Dining Room Window	2001	1,834		20	92	92	230	15
16	Code Alert System	2001	2,501		20	125	125	312	16
17	Shower Temperature Control	2001	1,797	90	20	90		225	17
18	Call Station Living Room	2001	3,015	150	20	151	1	377	18
19	Doorknobs	2001	2,866		20	144	144	360	19
20	Repaving	2001	8,381		20	419	419	1,048	20
21	Fence	2001	784		20	40	40	100	21
22	Key Pad Locks	2001	776		20	39	39	97	22
23	Renovation of Kitchen, Basement & Elevator	2001	450,392	33,115	20	22,520	(10,595)	56,300	23
24	Elevator- Steel Frame	2001	533	54	20	27	(27)	40	24
25	Hot Water Tank	2001	2,070	98	20	104	6	156	25
26	Feed Pump	2001	2,300	230	20	115	(115)	173	26
27	Coils & Drains	2002	8,650	866	20	216	(650)	432	27
28	Boiler	2001	3,375	338	20	169	(169)	253	28
29	Carpeting	2002	28,345	1,418	20	1,417	(1)	2,126	29
30	Compressor	2002	3,375	338	20	169	(169)	253	30
31	Motorized Dampers	2002	18,547	928	20	927	(1)	1,391	31
32	Smoke Detectors and Duct Work	2002	9,644	482	20	482	0	723	32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,270,389	$ 57,997		$ 81,774	$ 23,777	$ 973,385	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 2,270,389	$ 57,997		$ 81,774	$ 23,777	$ 973,385	1
2	Stock ceiling tile	2003	260	5	20	7	1	7	2
3	Heaters	2003	6,082	125	20	152	27	152	3
4	8th floor cabinets	2003	1,593	40	20	40		40	4
5	Water pump	2003	6,917	84	20	173	89	173	5
6	Replace 2 motors	2003	634	32	20	16	(16)	16	6
7	Exhaust fan	2003	925		20	23	23	23	7
8	Duct work	2003	7,202	125	20	180	55	180	8
9	Pipes changed	2003	1,300	65	20	33	(33)	33	9
10	Water heaters and water tank	2003	13,335	666	20	333	(333)	333	10
11	Vanities	2003	319		20	8	8	8	11
12	Carpeting	2003	2,623		20	66	66	66	12
13	Compressor	2003	12,306	431	20	308	(123)	308	13
14	1st floor hallway 930 bld	2003	1,101		20	28	28	28	14
15	Refridg pressure, safety valve, & mixer	2003	1,056	26	20	26	0	26	15
16	A/C and temperature control	2003	2,359	67	20	54	(13)	55	16
17	Locks and keypads	2003	1,234	13	20	35	22	35	17
18	Elevator	2003	8,143		20	204	204	204	18
19	Solarium	2003	143,632	4,146	20	3,591	(555)	3,591	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,481,410	$ 63,822		$ 87,049	$ 23,226	$ 978,663	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 403,028	$ 15,294	$ 26,444	$ 11,150	5-7 yrs	$ 223,426	71
72	Current Year Purchases	16,221	1,158	1,158		5-7 yrs	1,158	72
73	Fully Depreciated Assets	93,675				5-7 yrs	93,675	73
74								74
75	TOTALS	$ 512,924	$ 16,452	$ 27,602	$ 11,150		$ 318,259	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,186,103	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 80,274	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 114,651	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 34,376	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,296,922	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5					N/A			5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ N/A Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$ N/A	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10A, C3	hrs	$	4,066	$ 38,625	$	4,066	$ 38,625	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		22	4,237		22	4,237	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		4,216	44,941		4,216	44,941	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				72,561		72,561	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Schedule 16A					6,182	15,393		21,575	13
14	TOTAL			$	8,304	$ 93,985	$ 87,954	8,304	$ 181,939	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Selfhelp Home of Chicago
Provider #: 0018580
10/1/2002 to 9/30/2003

Schedule 16A

XIV. Special Services
Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies
Part A Supplies	L39, C2			15,393
Ambulance	L39, C3	14	4,246	
Wound Care	L39, C3	1	1,936	
Total			6,182	15,393

See Accountants' Compilation Report

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 **Report Period Beginning:** 10/01/2002 **Ending:** 09/30/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 09/30/2003 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 318,257	$ 318,257	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 0)	230,430	230,430	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,000	6,000	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Schedule 17A	800,543	800,543	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,355,230	$ 1,355,230	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		191,769	13
14	Buildings, at Historical Cost		822,760	14
15	Leasehold Improvements, at Historical Cost	1,396,578	1,658,650	15
16	Equipment, at Historical Cost	293,820	512,924	16
17	Accumulated Depreciation (book methods)	(537,488)	(1,296,922)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,152,910	$ 1,889,181	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,508,140	$ 3,244,411	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 65,534	$ 65,534	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,582	56,582	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,323	4,323	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	86,944	86,944	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 213,383	$ 213,383	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Schedule 17A	95,770	95,770	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 95,770	$ 95,770	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 309,153	$ 309,153	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,198,987	$ 2,935,258	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,508,140	$ 3,244,411	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Selfhelp of Chicago, Inc. d/b/a The Selfhelp Home, Inc.
PROVIDER # 0018580
September 30, 2003

Schedule 17A

XV. BALANCE SHEET -

Other Current Assets (specify):	Operating	After Consolidation
Bequest Receivable	798,750	798,750
Scholarship Loan Receivable	6,000	6,000
Scholarship Loan Payable	(4,207)	(4,207)
Total Line 9 - Other Current Assets (specify):	**800,543**	**800,543**

Other Current Liabilities (specify):	Operating	After Consolidation
Deferred Retirement Plan	53,677	53,677
Interco	1,392	1,392
Current Maturity Retirement Plan	6,000	6,000
Accrued Expenses	25,875	25,875
Total Line 36 - Other Current Liabilities (specify):	**86,944**	**86,944**

Other Long-Term Liabilities (specify):	Operating	After Consolidation
Interco A/C-Bonem Fund	28,625	28,625
Interco A/C-Scholarship	10,855	10,855
Interco A/C-Marx Fund	56,290	56,290
Total Line 43 - Other Long-Term Liabilities (specify):	**95,770**	**95,770**

See Accountants' Compilation Report

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,606,351	1
2	Restatements (describe):		2
3			3
4	**Cumulative activity of funds other than healthcare facility**	(161,861)	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,444,490	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	754,497	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 754,497	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,198,987	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,239,107	1
2	Discounts and Allowances for all Levels	(975)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,238,132	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	14,615	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,424	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	57,968	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 76,007	23
	D. Non-Operating Revenue		
24	Contributions	923,345	24
25	Interest and Other Investment Income***	4,102	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 927,447	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Guest Apartment	2,875	28
28a	Miscellaneous Income	15,432	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 18,307	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,259,893	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	845,156	31
32	Health Care	1,672,730	32
33	General Administration	669,241	33
	B. Capital Expense		
34	Ownership	135,156	34
	C. Ancillary Expense		
35	Special Cost Centers	147,526	35
36	Provider Participation Fee	35,587	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,505,396	40
41	**Income before Income Taxes (line 30 minus line 40)****	754,497	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 754,497	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.**
Tax Exempt Organization

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 77,116	$ 37.08	1
2	Assistant Director of Nursing					2
3	Registered Nurses	18,507	21,045	503,565	23.93	3
4	Licensed Practical Nurses	6,850	7,915	137,239	17.34	4
5	Nurse Aides & Orderlies	63,297	71,510	630,455	8.82	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,682	8,478	93,684	11.05	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,204	2,614	36,344	13.90	13
14	Head Cook	4,994	6,662	71,727	10.77	14
15	Cook Helpers/Assistants	17,391	22,251	141,178	6.34	15
16	Dishwashers					16
17	Maintenance Workers	5,017	5,122	67,194	13.12	17
18	Housekeepers	11,913	13,895	103,336	7.44	18
19	Laundry					19
20	Administrator	1,373	1,373	60,131	43.80	20
21	Assistant Administrator	1,453	1,469	24,028	16.36	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,300	8,972	171,875	19.16	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Marketing	216	216	6,607	30.59	33
34	TOTAL (lines 1 - 33)	151,277	173,602	$ 2,124,479 *	$ 12.24	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	235	$ 10,162	L1, C3	35
36	Medical Director				36
37	Medical Records Consultant	56	2,240	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	41	1,985	L11, C3	44
45	Social Service Consultant	28	1,430	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	360	$ 15,817		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Linda Liss Fine	Administrator	0%	60,131
Jonie Berger	Asst.Admin	0%	14,537
Barbara Snower	Asst.Admin	0%	9,491
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			84,159

B. Administrative - Other

Description	Amount
N/A	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Martin Brand	Accounting	1,242
American Express TBS	Accounting	2,636
Altschuler, Melvoin,& Glasser LLP	Accounting	22,922
Omnicare	Computer Consulting	2,920
Sachnoff & Weaver	Legal	1,392
Paychex	Payroll Services	6,298
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		37,410

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	50,432
Unemployment Compensation Insurance	4,406
FICA Taxes	164,788
Employee Health Insurance	86,178
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Retirement Plan	15,882
TOTAL (agree to Schedule V, line 22, col.8)	321,686

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		
TOTAL		

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	
Advertising: Employee Recruitment	
Health Care Worker Background Check (Indicate # of checks performed 25)	300
Life Service Network	3,705
Illinois Council on Long-Term Care	3,348
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	7,353

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	
In-State Travel	
Seminar Expense	1,605
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	1,605

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9						N/A							
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/01/2002 Ending: 09/30/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **LSN $3,705; IL Council $3,348**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **6 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **53,048** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? ____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES ____ NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $ **35,587**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classified
in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **N/A** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **3,424**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0%**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such
transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Altschuler, Melvoin & Glasser LLP** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **No** If no, please explain. **Audit Currently in Progress**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

RECONCILIATION REPORT **Selfhelp Home of Chicag** **01:13 PM** **11/04/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-35,643	equal to	-35,643	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	114,651	equal to	114,651	0	FAILED	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	0	equal to	0	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	87,803	equal to	87,803	0	O.K.	Pg16 Z12+Z14...	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies	87,954	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	845,156	equal to	845,156	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,672,730	equal to	1,672,730	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	669,241	equal to	669,241	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	135,156	equal to	135,156	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	147,526	equal to	147,526	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+H	N/A	38to41+43	4
Income Stat. Prov. Partic.	35,587	equal to	35,587	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,348,375	equal to	1,348,375	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	93,684	equal to	93,684	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	0	equal to		0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	249,249	equal to	249,249	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	67,194	equal to	67,194	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	103,336	equal to	103,336	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	0	equal to		0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	84,159	equal to	84,159	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	171,875	equal to	171,875	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	2,124,479	equal to	2,124,479	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	10,162	< or = to	10,162	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to		0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	2,240	< or = to	2,240	0	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	1,985	< or = to	1,985	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,430	< or = to	1,430	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	84,159	equal to	84,159	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	37,410	equal to	37,410	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	321,686	equal to	321,686	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	7,353	equal to	7,353	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	1,605	equal to	1,605	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	35,587	equal to	35,587	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to		0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	2,121	equal to	2,121	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	109,664	equal to	109,664	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	N/A	equal to		0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	191,769	equal to	191,769	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	2,481,410	equal to	2,481,410	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	512,924	equal to	512,924	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,296,922	equal to	1,296,922	0	FAILED	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	2,198,987	equal to	2,198,987	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	754,497	equal to	754,497	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,508,140	equal to	2,508,140	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter Cost Center Expenses

YOU HAVE CHOSEN THE SUPPORT CALC. THAT IS LINK TO THE COST REPORT!! 11/04/05 01:13:09 PM

HSA Number	6	Name	**Selfhelp Home of Chicago**		
Cost report period	From:	10/01/2002	To:	09/30/2003	Base Number 333
If this is an ICF/DD 16 facility, enter a 1 in cell C		N			
Licensed bed days:	23,725	Occupancy:	21,986	Pct. of occupancy:	92.67%
Illinois Public Aid Support Rate		$			
Genl Services Salary/Wage:	419,779	Col 1, Line 8 ---Audit Adj:			
Genl Admin Salary/Wage	256,034	Col 1, Line 28 ---Audit Adj:			
Total Salary Wage	2,124,479	Col 1, Line 44 ---Audit Adj:			
Employee Benefits	321,686	Col 8, Line 22 ---Audit Adj:			
Total General Services:	898,766	Col 8, Line 8 ---Audit Adj:			
Total General Admin	653,809	Col 8, Line 28 ---Audit Adj:			

Instructions and Calculation Steps

STEP Adjust Support Service Costs to Include Correct Amounts of Fringe Benefits and Payroll Taxes

Fringe benefits and payroll taxes are reported as a lump sum under General Administration expenses on your cost report (Page 3, Column 10, Line 22). You will need to take this amou out of General Administration expenses and calculate the correct portions of this lump sum to be added to your general services and General Administration expenses. This is done by proration

A. General Services

1 Determine the proportion of general services wages to total wages.

2 Multiply the total lump sum fringe amour by this proportion to get the fringe amount for General Services.

3 Add the proportioned fringe amount to you total general services expenses to get your new total general services cost.

General Services Wages (Column 1, Line 8	$419,779
Divided by Total Wages (Column 1, Line 44	$2,124,479
General service wages as percent of total wages	19.7592%
Employee Benefits (Column 10, Line 22	$321,686
Allocation of Employee Benefits to General Services Costs	$63,563
Plus Total General Services (Column 10, Line 8	$898,766
New Total General Services Cost	$962,329

B. General Administration

1 Determine the proportion of General Administratio wages to total wages.

2 Multiply the total lump sum fringe amount by th proportion to get the fringes amount for General Administration

3 Add the proportioned fringe amount to your tota General Administration expenses

4 Subtract the total lump sum fringe amount from you General Administration expenses to get your new total General Administration Cost

General Administration Wages (Column 1, Line 28	$256,034
Divided by Total Wages (Column 1, Line 45	$2,124,479
General administration wages as a percent of total wages	12.0516%
Employee Benefits (Column 10, Line 22	$321,686
Allocation of Emplayee Benefits to General Admin. Cost	$38,768
Plus Total General Administration (Column 10, Line 2	$653,809
Minus Total Fringe (Column 10, Line 2:	$321,686
New Total General Administration Cos	$370,891

STEP Adjust Support Service Costs for Inflation

To calculate the impact of inflation, different inflatior fators are used for the General Service and General Administration costs of your cost report. These inflation factors are listed in Table I, Inflation Multipliers. To selec the appropriate inflation factors, you need to calculate your base number using the formula outlined below. Once you have calculated your base number, find it in Table I. Select th inflation factors which correspond with your base number and use these in updating your support cost.

A. Base Number Calculation

Convert the beginning and ending dates of your cost reporting period (page 1, Schedule II of your cost report) into numbers and apply the following formula:

Beginning Month + Ending Month	19	divided by 2 =	9.5
Beginning Day + Ending Day	31	divided by 60.8 =	0.509868421
Beginning Year + Ending Year =	205	multiplied by 6 =	1230
Sum of the three lines			1240.009868
Subtract from the sum			907.00
Base Number (expressed as a whole number, fraction dropped)			333

B. Select the Appropriate Inflation Multiplier

Refer to Table I, inflation Multipliers, and find th multipliers which correspond with the base number you have calculated.

General Services Multiplier	1
General Administration Multiplie	1

C. Apply Inflation Multipliers to Update Cos

1 Multiply New Total General Services Cost (fron Step I-A) by the appropriate multiplier from Table

New Total General Service Cost (Step I-A)	$962,329	
General Services Multiplier (Step II-B	1	
Updated General Services Cost		$962,329

2 Multiply New Total General Administration Cos (from Step I-B)by the appropriate multiplier from Table

New Total General Service Cost (Step I-B	$370,891	
General Administration Multiplier (Step II-E	1	
Updated General Services Cost		$370,891
3 Total Updated Support Costs (1 + 2		$1,333,220

STEP I Convert Total Updated Support Costs (C-3) to Per Diem Cos

Use one of the two procedures below to compute per diem costs.

CALCULATED PER DIEM SUPPORT CO $60.57

A. If the occupancy (Cost Report, Page 2, Schedule III-C) i equal to or above 93 percent, divide your total updated support costs (Step II, C, 3, above) by the total patien days (Cost Report, Page 2, Schedule III-B, Column 5, Line 14

Total Support Costs (Step II, C, 3, above	$1,333,220
Total Patient Days (Cost Report	21,986
Support Costs per Diem	$60.64

OR

B. If the occupancy is below 93 percent, calculate 93 percent of the licensed bed days (Cost Report, Page 2, Schedule III-A Column 4, Line 7). Then subtract the total patier days (Cost Report, Page 2, Schedule III-B, Column 5 Line 14) from the result and calculate one-third of the difference. Then add the one-third difference to the total patient days to obtain your adjusted occupancy. Next divide your total updated Support Costs (Step II, C, 3 above by your adjusted occupancy.

Licensed Bed Days	23,725
Multiplied by	0.93
	22,064
Minus total Patient Days	21,986
	78
One-third of difference	26
Plus Total Patient Day	21,986
Adjusted Occupancy	22,012
Total Support Costs (Step II, C, 3, above	$1,333,220
Divided by Adjusted Occupany	22012
Support Costs Per Diem	$60.57

STEP IV Calculate Support Rate

The maximum allowable support reimbursement rate is the 75t percentile for your region. The 35th and 75th percentile rates by HSA are listed in Table II, support Rate Percentiles by HSA Use one of the three procedures below and refer to Table II to calculate your support rate.

A. If your support costs per diem from STEP II is equal to o greater than the 75th percentile for your HSA, then your support rate is the 75th percentile rate listed in Table I

B. If your support costs per diem from Step III is equal to o greater than the 35th percentile, but less than the 75th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	$43.80
Minus Support Costs Per Dier	$60.57
Difference	-$16.77
Multiply the Difference by	0.5
One-Half of the Difference	-$8.39
Plus Support Costs Per Dier	$60.57
Support Rate if costs are between 35th and 75th percentile	52.18

C. If your support cost per diem from Step III is below the 35th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate up to a ceiling. This ceiling is equal to 50 percent of the difference between the 35th and 75th percentiles plus $.05. The ceiling for each HSA is listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	$43.80
Minus Support Costs Per Dier	$60.57
Difference	-$16.77
Multiply the Difference by	0.5
One-Half of the Difference	-$8.39
Compare one-half the difference to the profit ceiling for your HSA in Table II and	6.07
Enter the Lower of the Two Amounts	-$8.390
Plus Support Costs Per Dier	$60.57
Support Rate if support costs less than 35th percentile	$52.18

D. **YOUR FINAL TOTAL SUPPORT RATE from A, B, or C abo** **$43.80**

75th Percentile is	$43.80
35th Percentile is	$31.76

Table
Inflation Multipliers

Base Number	General Services Multiplie	General Administration Multiplie
261	1.1187	1.1531
262	1.1182	1.1530
263	1.1178	1.1528
264	1.1071	1.1376
265	1.1067	1.1375
266	1.1062	1.1373
267	1.0975	1.1249
268	1.0971	1.1248
269	1.0966	1.1246
270	1.0887	1.1134
271	1.0882	1.1132
272	1.0877	1.1130
273	1.0815	1.1043
274	1.0811	1.1042
275	1.0806	1.1040
276	1.0730	1.0932
277	1.0725	1.0931
278	1.0720	1.0929
279	1.0666	1.0853
280	1.0661	1.0851
281	1.0657	1.0850
282	1.0588	1.0753
283	1.0583	1.0751
284	1.0579	1.0750
285	1.0535	1.0690
286	1.0531	1.0689
287	1.0527	1.0687
288	1.0413	1.0524
289	1.0409	1.0522
290	1.0404	1.0521
291	1.0321	1.0403
292	1.0317	1.0402
293	1.0313	1.0400
294	1.0254	1.0318
295	1.0250	1.0317
296	1.0246	1.0315
297	1.0228	1.0294
298	1.0224	1.0293
299	1.0219	1.0291
300	1.0166	1.0218
301	1.0162	1.0216
302	1.0158	1.0215
303	1.0076	1.0098
304	1.0072	1.0097
305	1.0067	1.0095
306	1.0000	1.0000

Table I
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	40.08	32.10	4.040
2	37.33	31.77	2.830
3	34.36	29.73	2.365
4	37.33	31.77	2.830
5	32.69	27.53	2.630
6	43.80	31.76	6.070
7	43.80	31.76	6.070
8	43.80	31.76	6.070
9	39.02	30.77	4.175
10	40.08	32.10	4.040
11	35.80	29.99	2.955

Table II (For ICF/DD 16 Facilities)
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	34.86	27.19	3.885
2	33.30	25.97	3.715
3	32.74	25.54	3.650
4	33.30	25.97	3.715
5	30.46	23.75	3.405
6	40.44	31.54	4.500
7	40.44	31.54	4.500
8	40.44	31.54	4.500
9	37.60	29.32	4.190
10	34.86	27.19	3.885
11	32.73	25.52	3.655

Capital Rate Data | **YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LINKED TO THE COST REPORT!!!!** 11/04/05 01:13:09 PM

Change print Orientation!

COSTS INCLUDED ON PAGES 12 THRU 12D START AT CELL O6

Facility Name: **Selfhelp Home of Chicago** ID: **0018580**

HSA No.: 6 Own or Rent? (O or R) O Own or Rent Beginning: 1/1/1957

IF RENTED, have facilities been continously rented from an unrelated party since prior to January 1, 1978 (Y or N): or since the first day of operation for buildings constructed since January 1, 1978? N

Cost Report Pd:		Licensed Beds:	65	Total Patient Days	21,986
Begin	**10/01/2002**	Licensed Bed Days:	23,725	% Occupied	92.67%
End	**09/30/2003**			Capital Days	22,064

1989 Property Tax COST: ________ (Actual dollar amount 1989 taxes)

1991 Property Tax RATE: ________ (Inflated dollar amount divided by 1991 capital days)

FY 1991 Capital Rate: ________ (From form 787)

CAPITAL CALCULATIONS

	Calculation Column
A. Determine the base year for your building from Work Table A	1990
B. Determine the Building Specific historical cost per bed:	
1. Work Table A, Line 24, Column (B)	2481410
2. Total licensed beds from cost report Page 2, Line 7, column 3	65
3. Line 1 divided by Line 2	$38,176
4. Regional construction inflator from Table 2	1.34
5. Building specific historical Cost ber bed (Line 3 * Line 4, round to even $)	51155
C. Obtain the Uniform Building Value from Table 1	28799
D. The capital rate will be calculated through a blending of the uniform building value from Line C and the building specific historical cost per bed from Line B5	
1. Building specific historical cost from Line B5	51155
2. Uniform building value from Line C	28799
3. Add Lines 1 and 2	79954
4. Divide by 2 to obtain average	39977
5. Enter 120% of line C	34559
6. The blended value is the lesser of Line 4 or Line 5	34559
E. Divide the blended value from step D by 339 days to obtain a per diem blended value investment	101.9440
F. Multiply the per diem blended value from step E by the applicable rate of return to obtain the building rate factor. (The rate of return is 11% for 1979 and later base years and 9.13% for 1978 and older base years.)	11.21
G. Add $2.50 to Line F for equipment, rent, vehicle and working capital.	2.5
H. Add Lines F & G to obtain the preliminary capital rate	13.71
I. Implementation Capital Rate. (This step does not apply if the facility has been constructed or purchased after FY91.)	
1. Enter the FY 91 capital rate	0
2. Subtract the FY 91 property tax rate	0
3. FY 91 rate without tax	0
4. Multiply Line I3 by 115%	x 1.15%
5. Implementation capital rate	0
J. Property Tax Property taxes are taken from the Long Term Care Property Tax Statement which was submitted to the Department of Public Aid during FY93. Reimbursement for real estate taxes is based upon the actual 1991 taxes for which the nursing homes were assessed. The formula used is a follows:	
1. Property Tax Expense (Long Term Care Property Tax Statement, Column D, Total.)	0
2. Divided by: Capital Days (see below)	22,064
3. Equals: Per Diem Cost	$0.00
4. Times: Property Tax Inflator (Table 3)	1.02368
5. Equals: Updated Property Tax Cost	0
Capital Days The capital days are the higher of the actual census (Page 2, Schedule III-B, Column 5, Line 14) or 93% of licensed bed days (page 2, Schedule III-A, Column 4, Line 7 * .93.)	
1. Total Patient Days	21,986
2. Total Licensed Bed Days * .93	22064
3. Capital Days (higher of Line 1 or Line 2)	22,064
K. Total Capital Rate for FY 94	
1. Enter the greater of the simplified system rate from Line H or the implementation capital rate from Line I	13.71
2. Add Property Tax from Line J5	0
3. Total capital rate (add Lines 1 & 2)	13.71

WORK TABLE A

		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page	Linked Page
1	1	74	822760	60884240	12	12
2	2	0	0	0	12	12
3	3	0	0	0	12	12
4	4	0	0	0	12	12
5	5	0	0	0	12	12
6	6	80	786	62880	12	12
7	7	81	29527	2391687	12	12
8	8	81	808	65448	12	12
9	9	82	2642	216644	12	12
10	10	83	2717	225511	12	12
11	11	86	1212	104232	12	12
12	12	87	3000	261000	12	12
13	13	88	6752	594176	12	12
14	14	89	30538	2717882	12	12
15	15	90	10425	938250	12	12
16	16	91	9690	881790	12	12
17	17	92	22014	2025288	12	12
18	18	92	932	85744	12	12
19	19	93	14166	1317438	12	12
20	20	93	183	17019	12	12
21	21	94	27620	2596280	12	12
22	22	94	3836	360584	12	12
23	23	94	5148	483912	12	12
24	24	95	18411	1749045	12	12
25	25	95	363	34485	12	12
26	26	95	176882	16803790	12	12
27	27	95	15209	1444855	12	12
28	28	94	33000	3102000	12	12
29	29	96	6704	643584	12	12
30	30	96	5905	566880	12	12
31	31	96	1646	158016	12	12
32	32	96	895	85920	12	12
33	33	0	0	0	12	12
34	34	96	5914	567744	12A	12A
35	35	96	14557	1397472	12A	12A
36	36	97	2938	284986	12A	12A
37	37	97	12818	1243346	12A	12A
38	38	97	6171	598587	12A	12A
39	39	97	563	54611	12A	12A
40	40	97	1667	161699	12A	12A
41	41	97	999	96903	12A	12A
42	42	97	2152	208744	12A	12A
43	43	97	1505	145985	12A	12A
44	44	97	7523	729731	12A	12A
45	45	97	1275	123675	12A	12A
46	46	97	51709	5015773	12A	12A
47	47	97	2573	249581	12A	12A
48	48	97	605	58685	12A	12A
49	49	97	4583	444551	12A	12A
50	50	97	1255	121735	12A	12A
51	51	97	1097	106409	12A	12A
52	52	97	908	88076	12A	12A
53	53	97	680	65960	12A	12A
54	54	98	20992	2057216	12A	12A
55	55	98	862	84476	12A	12A
56	56	98	43360	4249280	12A	12A
57	57	98	4588	449624	12A	12A
58	58	98	1517	148666	12A	12A
59	59	98	1230	120540	12A	12A
60	60	0	0	0	12A	12A
61	61	0	0	0	12A	12A
62	62	0	0	0	12A	12A
63	63	0	0	0	12A	12A
64	64	0	0	0	12A	12A
65	65	0	0	0	12A	12A
66	66	0	0	0	12A	12A
67	67	98	685	67130	12B	12B
68	68	98	10578	1036644	12B	12B
69	69	98	2222	217756	12B	12B
70	70	98	1300	127400	12B	12B
71	71	98	11441	1121218	12B	12B
72	72	98	9470	928060	12B	12B
73	73	98	8333	816634	12B	12B
74	74	98	3067	300566	12B	12B
75	75	98	6242	611716	12B	12B
76	76	98	6020	589960	12B	12B
77	77	99	1217	120483	12B	12B
78	78	99	4564	451836	12B	12B
79	79	99	1373	135927	12B	12B
80	80	99	37272	3689928	12B	12B
81	81	99	2251	222849	12B	12B
82	82	99	2790	276210	12B	12B
83	83	99	14911	1476189	12B	12B
84	84	99	35283	3493017	12B	12B
85	85	99	5142	509058	12B	12B
86	86	99	865	85635	12B	12B
87	87	99	3169	313731	12B	12B
88	88	99	35113	3476187	12B	12B
89	89	99	13503	1336797	12B	12B
90	90	99	20805	2059695	12B	12B
91	91	99	540	53460	12B	12B
92	92	100	1050	105000	12B	12B
93	93	0	0	0	12B	12B
94	94	0	0	0	12B	12B
95	95	0	0	0	12B	12B
96	96	0	0	0	12B	12B

	Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page
97	0	0	0	12B
98	0	0	0	12B
99	100	3135	313500	12C
100	100	3397	339700	12C
101	100	7818	781800	12C
102	100	1039	103900	12C
103	99	893	88407	12C
104	100	673	67300	12C
105	100	205	20500	12C
106	100	1568	156800	12C
107	99	140	13860	12C
108	100	90	9000	12C
109	100	14103	1410300	12C
110	100	838	83800	12C
111	99	287	28413	12C
112	101	1834	185234	12C
113	101	2501	252601	12C
114	101	1797	181497	12C
115	101	3015	304515	12C
116	101	2866	289466	12C
117	101	8381	846481	12C
118	101	784	79184	12C
119	101	776	78376	12C
120	101	450392	45489592	12C
121	101	533	53833	12C
122	101	2070	209070	12C
123	101	2300	232300	12C
124	102	8650	882300	12C
125	101	3375	340875	12C
126	102	28345	2891190	12C
127	102	3375	344250	12C
128	102	18547	1891794	12C
129	102	9644	983688	12C
130	0	0	0	12C
131	103	260	26780	12D
132	103	6082	626446	12D
133	103	1593	164079	12D
134	103	6917	712451	12D
135	103	634	65302	12D
136	103	925	95275	12D
137	103	7202	741806	12D
138	103	1300	133900	12D
139	103	13335	1373505	12D
140	103	319	32857	12D
141	103	2623	270169	12D
142	103	12306	1267518	12D
143	103	1101	113403	12D
144	103	1056	108768	12D
145	103	2359	242977	12D
146	103	1234	127102	12D
147	103	8143	838729	12D
148	103	143632	14794096	12D
149	0	0	0	12D
150	0	0	0	12D
151	0	0	0	12D
152	0	0	0	12D
153	0	0	0	12D
154	0	0	0	12D
155	0	0	0	12D
156	0	0	0	12D
157	0	0	0	12D
158	0	0	0	12D
159	0	0	0	12D
160	0	0	0	12D
161	0	0	0	12D
162	0	0	0	12D

Base year:
Total of Column C/Total of Column B = Base Year

224004410 2481410 90.27303428

Base Year = 1990

TABLE 1 1

Table 1 Uniform building Value

Uniform Building Value

Base year	6, 7, 8 & 9	1, 2, 3, 4, 5, 10 & 11
1970	4114	3766
1971	5348	4896
1972	6583	6026
1973	7817	7155
1974	9051	8285
1975	10285	9415
1976	11519	10545
1977	12754	11675
1978	13988	12804
1979	15222	13934
1980	16456	15064
1981	17691	16194
1982	18925	17324
1983	20159	18453
1984	21393	19583
1985	22628	20713
1986	23862	21843
1987	25096	22973
1988	26330	24102
1989	27564	25232
1990	28799	26362
1991	30033	27492
1992	31267	28622
1993	32501	29751
1994	33736	30881
1995	34970	32011
1996	36204	33141
1997	37438	34271
1998	38673	35400
1999	39907	36530
2000	41141	37660

Use the 1970 values for all years prior to 1970

TABLE 2 4

Construction Inflators by year and HSA
(Note: Use the 1960 Inflators for all years prior to 1960)
(For the FY94 Nursing Facility Rate Calculation Packet)

Year	1, 2 & 10	3, 4 & 5	11	6, 7, 8 & 9
1960	6.26	6.08	6.29	6.54
1961	5.67	5.52	5.66	5.87
1962	5.67	5.52	5.66	5.87
1963	5.67	5.52	5.66	5.87
1964	5.67	5.52	5.66	5.87
1965	5.67	5.52	5.66	5.87
1966	5.36	5.23	5.35	5.55
1967	5.1	4.97	5.08	5.28
1968	4.85	4.71	4.83	5.03
1969	4.61	4.48	4.59	4.79
1970	4.38	4.25	4.36	4.56
1971	4.01	3.89	3.98	4.15
1972	3.64	3.53	3.63	3.78
1973	3.36	3.26	3.36	3.48
1974	3.08	3	3.09	3.19
1975	2.83	2.77	2.8	2.91
1976	2.73	2.65	2.74	2.82
1977	2.57	2.48	2.55	2.68
1978	2.37	2.29	2.38	2.49
1979	2.18	2.12	2.21	2.32
1980	1.96	1.92	2.02	2.08
1981	1.8	1.76	1.86	1.91
1982	1.67	1.63	1.72	1.76
1983	1.54	1.5	1.57	1.65
1984	1.51	1.47	1.55	1.62
1985	1.48	1.45	1.5	1.59
1986	1.46	1.42	1.46	1.55
1987	1.44	1.4	1.43	1.52
1988	1.4	1.36	1.39	1.46
1989	1.35	1.33	1.35	1.41
1990	1.32	1.31	1.33	1.34
1991	1.29	1.29	1.3	1.31
1992	1.26	1.26	1.27	1.26
1993	1.25	1.24	1.25	1.23
1994	1.22	1.22	1.22	1.19
1995	1.2	1.2	1.19	1.17
1996	1.12	1.11	1.13	1.12
1997	1.1	1.09	1.1	1.1
1998	1.08	1.07	1.07	1.07
1999	1.04	1.04	1.04	1.04
2000	1.02	1.02	1.02	1.03
2001	1.00	1.00	1.00	1.00
2002	1.00	1.00	1.00	1.00

TABLE 3

Property Tax Inflator

HSA	Rate
1	1.05723
2	1.0395
3	1.0333
4	1.03302
5	1.03753
6	1.02368
7	1.02054
8	1.02613
9	1.01315
10	1.0815
11	1.03527

TABLE 4

Table 2 column

HSA	Column
1	1
2	1
3	2
4	2
5	2
6	4
7	4
8	4
9	4
10	1
11	3

		Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary		249,249	0	10,162	259,411	0	259,411	0	259,411
2. Food Purchase		0	228,574	0	228,574	0	228,574	-3,424	225,150
3. Housekeeping-		103,336	28,709	0	132,045	0	132,045	0	132,045
	4	0	29,510	0	29,510	0	29,510	0	29,510
5. Heat and Other Utilities		0	0	77,607	77,607	0	77,607	0	77,607
6. Maintenance-		67,194	0	50,815	118,009	0	118,009	57,034	175,043
7. *		0	0	0	0	0	0	0	0
8. Total General Services		419,779	286,793	138,584	845,156	0	845,156	53,610	898,766
	9	0	0	0	0	0	0	0	0
10. Nursing & Medical Records-		1,348,375	119,864	2,240	1,470,479	0	1,470,479	0	1,470,479
10a. Therapy		0	0	87,803	87,803	0	87,803	0	87,803
11. Activities		93,684	17,349	1,985	113,018	0	113,018	0	113,018
	12	0	0	1,430	1,430	0	1,430	0	1,430
	13	0	0	0	0	0	0	0	0
	14	0	0	0	0	0	0	0	0
15. *		0	0	0	0	0	0	0	0
16. Total Health Care & Programs		1,442,059	137,213	93,458	1,672,730	0	1,672,730	0	1,672,730
17. Administrative-		84,159	0	0	84,159	0	84,159	0	84,159
	18	0	0	0	0	0	0	0	0
19. Professional Services		0	0	37,410	37,410	0	37,410	0	37,410
20. Fees, Subscriptions, & Promotio		0	0	7,053	7,053	0	7,053	300	7,353
21. Clerical & General Office-		171,875	5,462	39,991	217,328	0	217,328	-15,732	201,596
22. Employee Benefits & Payroll		0	0	321,686	321,686	0	321,686	0	321,686
	23	0	0	0	0	0	0	0	0
24. Travel & Seminar		0	0	1,605	1,605	0	1,605	0	1,605
	25	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice		0	0	0	0	0	0	0	0
27. *		0	0	0	0	0	0	0	0
28. Total General Adminis		256,034	5,462	407,745	669,241	0	669,241	-15,432	653,809
29. Total General Administrative		2,117,872	429,468	639,787	3,187,127	0	3,187,127	38,178	3,225,305
30. Depreciation		0	0	80,275	80,275	0	80,275	34,376	114,651
	31	0	0	0	0	0	0	0	0
32. Interest		0	0	701	701	0	701	-701	0
	33	0	0	0	0	0	0	0	0
34. Rent-Facility & Grounds		0	0	54,180	54,180	0	54,180	-54,180	0
	35	0	0	0	0	0	0	0	0
	36	0	0	0	0	0	0	0	0
37. Total Ownership		0	0	135,156	135,156	0	135,156	-20,505	114,651
	38	0	0	0	0	0	0	0	0
39. Ancillary Service Cent		0	87,954	6,182	94,136	0	94,136	0	94,136
	40	0	0	0	0	0	0	0	0
	41	0	74	0	74	0	74	0	74
	42	0	0	35,587	35,587	0	35,587	0	35,587
43. Other (specify):*-		6,607	0	46,709	53,316	0	53,316	-53,316	0
44. Total Special Cost Ce		6,607	88,028	88,478	183,113	0	183,113	-53,316	129,797
45. Grand Total		2,124,479	517,496	863,421	3,505,396	0	3,505,396	-35,643	3,469,753

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	318,257	318,257
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	230,430	230,430
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	6,000	6,000
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	800,543	800,543
10. Total current assets	1,355,230	1,355,230
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	191,769
14. Buildings, at Historical Cost	0	822,760
15. Leasehold Improvements, Historical Cost	1,396,578	1,658,650
16. Equipment, at Historical Cost	293,820	512,924
17. Accumulated Depreciation (book methods)	-537,488	-1,296,922
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	1,152,910	1,889,181
25. Total Assets	2,508,140	3,244,411
CURRENT LIABILITIES		
26. Accounts Payable	65,534	65,534
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	56,582	56,582
31. Accrued Taxes Payable	4,323	4,323
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	86,944	86,944
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	213,383	213,383
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	95,770	95,770
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	95,770	95,770
46.Total Liabilities	309,153	309,153
47.Total Equity	2,198,987	2,935,258
48.Total Liabilities and Equity	2,508,140	3,244,411

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,239,107
2. Discounts and Allowances for all Levels	-975
Subtotal - Inpatient Care	3,238,132
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Anciliary Revenue	-
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	14,615
13. Barber and Beauty Care	0
14. Non-Patient Meals	3,424
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	57,968
22. Laundry	0
Subtotal - Other Operating Revenue	76,007
24. Contributions	923,345
25. Interest and Other Investments Income	4,102
Subtotal - Non-Operating Revenue	927,447
27. Other Revenue (specify):	18,307
28. Other Revenue (specify):	0
Subtotal - Other Revenue	18,307
30. Total Revenue	4,259,893
31. General Services	845,156
32. Health Care	1,672,730
33. General Administration	669,241
34. Ownership	135,156
35. Special Cost Centers	147,526
35. Provider Participation Fee	35,587
37. Other	0
40. Total Expenses	3,505,396
41. Income Before Income Taxes	754,497
42. Income Taxes	0
43. Net Income or Loss for the Year	754,497

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23	Provider Participation fee is linked from page 4